Why Changes to the Form are Needed

- New Data Management system (SDWIS State)
- Data Reliability
- Mandated reporting of Public Water System Supply data to Federal SDWIS database
- New information needed
- Better validation
- Edit checking capabilities

- Electronic submission of data from Water suppliers and labs (EDI – Electronic data Interchange)
- Master sample collector lists will still be accepted.
- Paper copies may not be required if submitted electronically.

EDI

- MS-ACCESS database application
- Can be used stand alone or on a networked PC
- Tables are used to validate data items (ex: PWS ID and SAMPLING POINT)
- Batches are converted to the proper file format that can be submitted to the State via email
- Records can be flushed or preserved in "history" tables
- Any errors in formatting will result in rejection
- KYDOW will send rejection back to lab for correction and reformatting

Options

- Application will be provided to both labs and water suppliers
- Data entry screen can be reconfigured to one's preferences
- The final text file must be in a very specific format
- Labs may choose to develop their own procedures to get data in the correct format

Dates of Implementation

- October 1, 2004 Voluntary submission of new forms and electronic formats.
- November 1, 2004 <u>Mandatory</u> use of new forms.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be	Completed By Collector			
PWS ID K Y			Compliance Period (MMYYY	M
NS Name	PWS Contact		Collection Date (MMDDYYY (All Samples Report	Y) ted on this Form were Collected on this Date.)
WS Address	Unique for ea	<mark>ch system. T</mark> i	nis is required	Signature/Date
General Information This Section To Be (for all samplin	ng reports.		ode
	This is a man	<mark>datory eleme</mark> i	nt!!! Only one	
ab Analyst Signature/Date	PWSID can b			Signature/Date.
sample Information This Section To Be C	Completed by Collector	Alialysis illiorillation I	IIIa Occion To De Compiei	By Lab
(RT, RP, or SP) (See Key) (See Key) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key)	Free Chlorine (Required for all disinfectants except Chloramine) Total Chlorine (Required when disinfectant is Chloramine)	Lab Sample Number	Analysis Time (24 hr) Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key)	(b) Lab Sample Number of Origina Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
and liminal laminal la		BACTERIOLOGICAL	ANALYSIS REPORT FROM KEY	
e signatories of this form certify by their signatures that collection and enally water sample analyzed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
impleted in accordance with the provisions of 401 KAR Chapter 8, specifical sluding but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and data submitted on this form is a true and accurate report of the results of lection and analysis performed pursuant to the above-referenced regulation	(Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
iolations of 401 KAR Chapter 8 are subject to severe penalties prescribed in 24.99-010, up to \$25,000 fine per day per violation and in some cases a viol ay subject the violator to prison.	KRS	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Info	rmation This Section To Be Con	pleted By Collector								
PWS ID K				Complia	nce Period (MMYYY	Y)				
PWS Name	Month and Year	tormat (ex: 0	82004).	Collection	(All Samples Report		his Form	n were Collected	on this Da	ite.)
PWS Address	Generally the mo	onth the sam	ples were	Collecto	r Name			Signature/Date		
General Info	•									
Lab ID	Collected.			Total Co	liform Analysis Meth	od Co	ode			
	If a Routine sam	ple is collecte	ed at the end	E Coli A	nalysis Method Code	9				
Lab Analyst	of the month and	I the reneat s	sample is	Lab Sup	ervisor			Signature/Date		
Sample Infor				ection To	o Be Complet	ed E	Зу Lа	ıb		
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason A, B, C, D, or E) (See Key) Replacement Sample?	collected in the reshould still be remonth's complia	ported in the	previous	alysis Time (24 hr)	Result (Total Coliform Count - or - TNTC - or -	Coliform (P/A)	Coli (P/A)	(Required	Sample d for Rep cement S	eat and/or amples)
Sar (RT, Special S A, B, C, D Replace	sample on Feb 2	•	· · ·		CNFG) (See Key)	Total	ш	(See	e Instruct	lions)
	both should be re	eported for F	ebruary).							
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The simulation of this	form with the their department that collection and anothers of		BACTERIOLOGICAL A			-		2 101 111 0		
the water sample analy	form certify by their signatures that collection and analysis of zed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)		(For Compliance)			Special (Not		
including but not limited the data submitted on a collection and analysis	ce with the provisions of 401 KAR Chapter 6, specifically it to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that this form is a true and accurate report of the results of performed pursuant to the above-referenced regulations.	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatmer D = Study/Inv	nt Modification restigation		E = Li	ine Break, En	nergency	Repair
Violations of 401 KAR	Chapter 8 are subject to severe penalties prescribed in KRS	Repeat Location Code:	DN = Downstream	UP = Upstrea	ım		OR =	Original Site		

TNTC = Too Numerous to Count

CNFG = Confluent Growth

(Only if Sample Type = RP)

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information	on This Se	ection To Be Co	mpleted By	Collector			
PWS ID K Y	<u> </u>					Compliance Period (MMA)	***
PWS Name	_ <mark>Mon</mark>	th, day a	<mark>and ye</mark>	ar forma	t	Collection Date (MMDDYYY (All Samples Report	(Y) rted on this Form were Collected on this Date.)
PWS Address	_ <mark>(MM</mark>	<mark>IDDYYY</mark>	Y - 08	<mark>3102004</mark>)) <u>.</u>	Sollector Name	Signature/Date
General Informatio	Eacl			LY conta		Total Coliform Analysis Meth	hod Code
	sam	ples col	lected	on the sa	<mark>ame L</mark> LL	E Coli Analysis Method Cod	le
Lab Analyst	_ day.	Use a r	new for	rm for ea	ch day.	Lab Supervisor	Signature/Date
Sample Information	_					This Section To Be Complet	ted By Lab
SP) /) (See Key) ample? k)	ions) n C (See		Free Chlorine	Total Chlorine		Result (Total Coliform Count	(Y) Lab Sample Number of Origin
Sample Type (RT, RP, or SP) (See Key) Special Sample Reasc (A, B, C, D, or E) (See KR) Replacement Sample (Y or Blank)	(See Instructions) Repeat Location C (DN, UP, or OR) (See	Sample Time (24 hr)	(Required for all disinfectants except Chloramine)	(Required when disinfectant is Chloramine)	Lab Sample Number	Analysis Time - or - (24 hr) TNTC - or - CNFG) (See Key)	Lab Sample Number of Origin Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
					BACTERIOLOGICA	AL ANALYSIS REPORT FROM KEY	
The signatories of this form certifithe water sample analyzed and the			of Sample Type	s:	RT = Routine (For Compliance	THE RESERVE OF THE PROPERTY OF THE PARTY OF	SP = Special (Not for Compliance)
completed in accordance with the ncluding but not limited to 401 K, the data submitted on this form is collection and analysis performed	provisions of 401 K/ AR 8:200, Section 1 a a true and accurate	AR Chapter 8, specifically and 401 KAR 8:040; and the report of the results of	Special Sam (Only if Sam	ple Reason: ple Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 224.99-010, up to \$25,000 fine p may subject the violator to prison	are subject to severe er day per violation a	penalties prescribed in KF	n Repeat Loca	tion Code:	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

PWS ID	1000	Y		ction To Be C				Complian	nce Period (MMYYY	Y)				
	-					WS Contact			n Date (MMDDYYY)					r
WS Name						VS Contact		Collectio	(All Samples Reporte		his Forn	were Collected on	this Date.)	
WS Addre	ss _			1 2	P	VS Phone		Collector	Name			Signature/Date		
- eneral	Infor	mation	This Sec	ction To Be (Completed B	y Lab								
ab ID					Lab Receip	Date (MMDDYYYY)		Total Col	iform Analysis Meth	od Co	de			
				$\sqrt{5}$	Diait (code ass	igned to each	oli Ar	nalysis Method Code	9				
ab Analyst			~	<u> </u>	ertified		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ervisor					
Sample	Inform	nation 1		tion To be			Analysis illiorillation 1	nis Section To	Be Complet	ed E	By La	Signature/Date		
-									Result					
Sample Type (RT, RP, or SP) (See Key)	(A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank)	Location Code (See Instructions)	Repeat Location Code (DN, UP, or OR) (See Key)	Sample Time (24 hr)	Free Chlorine (Required for al disinfectants except	Total Chlorine (Required when disinfectant is Chloramine)	Lab Sample Number	Analysis Time (24 hr)	(Total Coliform Count - or - TNTC - or -	Total Coliform (P/A)	E Coli (P/A)	(Required fo Replacem	ample	nd/des)
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e water sam	ple analyza	ed and the resulti	ng data hereb	at collection and analysis submitted, were	Sample Ty		RT = Routine (For Compliance)		(For Compliance)			Special (Not for		
cluding but n e data subm	not limited t nitted on thi	to 401 KAR 8:200 is form is a true a), Section 1 and accurate re	R Chapter 8, specifical ad 401 KAR 8:040; and aport of the results of a-referenced regulation	(Only if Sar	nple Reason: nple Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatmen D = Study/Inv			E=L	ine Break, Emerç	jency Repa	air
iolations of 4	01 KAR CI p to \$25,00	hapter 8 are subjection of the per day	ect to severe p	penalties prescribed in d in some cases a viola	KRS stion Repeat Loc	ation Code:	DN = Downstream	UP = Upstrea	m		OR =	Original Site		

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Comple	ted By Collector			
PWS ID K Y			Compliance Period (MMYYY	n
PWS Name	PWS Contact		Collection Date (MMDDYYY (All Samples Report	Y) ted on this Form were Collected on this Date.)
PWS Address	PWS Phone		Collector Name	
				Signature/Date
General Information This Section To Be Comple	ted By Lab			
Lab ID Lab	Receipt Date (MMDDYYYY)		Total Coliform Analysis Meth	od Code
Ana	alysis Date (MIDDYYYY)		E Coli Analysis Method Code	9
Lab Analyst Signature/Date	-/		Lab Supervisor	Signature/Date
Sample Information This Section To Be Complete	ted By Collector	Analysis Information Th	is Section To Be Complet	ed By Lab
			Result	
§ MMDDYYYY	Total Chlorine		(Total Coliform Count	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
This is an ontional	(Required when disinfectant is	Lab Sample Number	Analysis Time - or - (24 hr) TNTC	E (Required for Repeat and/or Replacement Samples)
This is an optional	Chloramine)		- or - CNFG)	용 강 Replacement Samples) 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및
· ·			(See Key)	F
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Identifies the date the				
sample was received at				
	<u> </u>			
the lab.				
	L - L - L - L - L - L - L - L - L - L -	BACTERIOLOGICAL	ANALYSIS REPORT FROM KEY	
The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were	mple Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
including but not limited to 401 KAD 8-200 Section 1 and 401 KAR 8-040 and that 1	ecial Sample Reason: aly if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation Rep	peat Location Code:	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

Genera	al Info	rmatic	n 1	This S	ectio	on To	Be (Com	olet	ed B	y Co	ollec	tor							-													
PWS ID	K	Y																				Comp	iance F	Period	(MMY)	YY)							
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PWS Addr	ress									PV	VS Ph	ione									_	Collec	tor Nan	ne .				Signi	ature/Date	e			_
Genera	al Info	rmatic	n 1	This S	ectio	on To	Be C	Comi	olet	ed B	v La	b																					
Lab ID										Receipt			DVAAAA)		H						v8	Total (Coliforn	n Analy	sis Me	thod C	ode]	7	
									Analy	sis Dat	te (MN	MDDY	YYY)									E Coli	Analys	is Met	nod Co	de							
Lab Analy:	st	_			Signature/D	Date			\geq	_	_								_	_	_	200	pervis	- '				_	ature/Date	e			_
Samp					.				te	d By	/ Co	Kecf	tor	A	naly	sis I	nfor	mati	on	This	Sec	tion	То В	e Co	mple	eted	3y L	ab					
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무 상	day							10	ce	tants pt nine)	d	disinfed	ctant is amine)			Lab S	ample	Numbe	er			hr)		TNT - OI CNF	C .	tal Collfo	E Coli		Rep	olacem	or Repe nent Sa Instruction	amples	
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The signator the water sa								sis of	Samp	ole Typ)e:				RT	= Rout	ine (Fo	r Com	pliance)	RP	Repe	at (For	Comp	iance)		SP =	= Spe	cial (N	ot for	Compl	lance)
completed in including but the data sub collection an	t not limite	to 401 KA	a true ar	Section of accurat	1 and 40 te report	1 KAR 8 of the re	3:040; and esults of	that		ial San						New F		lodifica	ination ation,			Treatm Study/I			on		E = 1	Line E	Break,	Emerg	gency l	Repai	r
Violations of 224.99-010, may subject	f 401 KAR up to \$25	Chapter 8 000 fine pe	are subje ar day pe	ct to seve	ere penal	ties pre	scribed in	KRS		at Loc					DN		nstrea				UP	- Upstr	eam				OR:	= Orig	ginal Si	ite			

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To	Be Completed By Collector				_			10.10	-
PWS ID K Y			Complian	nce Period (MMYYY	Y)	1			
PWS Name	PWS Contact		Collection	n Date (MMDDYYY) (All Samples Reports		his Form	were Collected on	this Date.)	
PWS Address	PWS Phone		Collector	Name			Signatureruss		
General Information This Section To	Be Completed By Lab								
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Col	iform Analysis Meth	od Co	de			ノ
	Analysis Date (MMDDYYYY)		E Coli An	alysis Method Code	9		-855	_	
Lab Analyst	On dead walks for 4	de a usa a file a al	Lab Supe	ervisor					
Signature/Date Signature/Date	Coded value for t	ne method _{Thi}	is Section To	Be Complet	ed F	By La	Signature/Date		
Sample Information This Section To	analysis (EX: Col	<mark>lilert –</mark> □	Jection 10	Result				7.7	
Sample Type (RT, RP, or SP) (See Key) (See Key) (C, D, or E) (See In E) (Y or Blank) (See Instructions)	Presence / Absen	ce = 309,		(Total Coliform Count	Coliform (P/A)	9/A)	Lab Sample N	Number of (Original
mple Type See Key) Sample R(S) So of Signature R(S)	Membrane filtration	on m-Endo	Analysis Time (24 hr)	- or - TNTC - or -	Colifor	Coli (P/A)		nent Sampl	les)
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key)	= 303)			CNFG) (See Key)	Total	Ш	(See Ir	nstructions))
	Only one method	code can							
	•								
	be reported per p	and the			Ц	Ш			
	new page must b	e used for			H			H	
	each method use	ed on a			H	H			
	particular day.	-1			H	H			
	particular day:				H				
					П	H			
		BACTERIOLOGICAL A	NALYSIS REPOR	T FROM KEY					
The signatories of this form certify by their signatures that collection and the water sample analyzed and the resulting data hereby submitted, we		RT = Routine (For Compliance)	RP = Repeat	(For Compliance)		SP =	Special (Not for	Compliano	ce)
completed in accordance with the provisions of 401 KAR Chapter 8, spi including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:04 the data submitted on this form is a true and accurate report of the resu collection and analysis performed pursuant to the above-referenced reg	40; and that ults of (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatmen D = Study/Inve			E = Li	ine Break, Emer	gency Rep	air
Violations of 401 KAR Chapter 8 are subject to severe penalties prescri 224.99-010, up to \$25,000 fine per day per violation and in some cases may subject the violator to prison.	ibed in KRS	DN = Downstream	UP = Upstream	m		OR =	Original Site		

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Con	pleted By Collector		
PWS ID K Y		Compliance Period (MMYYYY)	n DDDDD
PWS Name	PWS Contact	Collection Date (MMDDYYYY (All Samples Reporte	r) ed on this Form were Collected on this Date.)
PWS Address	PWS Phone	Collector Name	Signature/Date
General Information This Section To Be Con	pleted By Lab		
Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Metho	od Gode
	Analysis Date (MMDDYYYY)	E Coli Analysis Method Code	
Lab Analyst Signature/Date	Coded value for the	Lab Superviser	Signature/Date
Sample Information This Section To Be Com	method analysis (EX:	This Section To Be Complete	ed By Lab
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key) and (JH e) A) The code (See Instructions)	Colilert – Presence	Result (Total Coliform Count Analysis Time - or -	Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples)
T. RP. or SI (See Key) 1 Sample R 1 Sample R 1 Sample R 1 Comment Sal (Y or Blank) (Au + 50) (Au + 50) (Au + 50) (Bank) (/Absence = 309,	(24 hr) TNTC - or -	
(RR) (RR) (RR) (RR) (RR) (RR) (RR) (RR)	Membrane filtration	CNFG) (See Key)	(See Instructions)
8 4 0 0			
	Coliscan = 319)		
	Only one method code		
	can be reported per		
	page!!! A new page		
	must be used for each		
	method used on a		
	particular day.		
		AL ANALYSIS REPORT FROM KEY	
The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were		RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	(Only if Sample Type = SP) B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.	Repeat Location Code: DN = Downstream (Only if Sample Type = RP)	UP = Upstream	OR = Original Site
	Result: TNTC = Too Numerous to Cou	nt CNFG = Confluent Growth	

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH

ANALYTICAL METHOD CODES FOR BACTERIOLOGICAL ANALYSES

(revised July 2004)

3100 COLIFORM, TOTAL	SM	3014 COLIFORM, E.COLI	SM
303 - Membrane Filter mEndo	9222B	322 - NA-MUG	9222G
306 - Colilert-MPN	9223B-MPN	306 - Colilert-MPN	9223B-MPN
309 - Colilert-Presence/Absence	9223B-PA	309 - Colilert-Presence/Absence	9223B-PA
316 - Colisure-Presence/Absence	9223B-PA	316 - Colisure-Presence/Absence	9223B-PA
317 - Colisure-MPN	9233B-MPN	317 - Colisure-MPN	9223B-MPN
318 - Membrane Filter-mColiBlue24	9222B	318 - Membrane Filter-mColiBlue24	9222B
319 - Membrane Filter-Coliscan	9222B	319 - Membrane Filter-Coliscan	9222B
326 - Membrane Filter-MI Medium	EPA1604	326 - Membrane Filter-MI Medium	EPA1604
327 - Membrane Filter-Chromocult	9222B	327 - Membrane Filter-Chromocult	9222B
328 - Readycult-PA	9223B-PA	328 - Readycult-PA	9223B-PA
		321 - EC MUG-Presence/Absence	9221F-PA

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

General Information This Section To Be Co	mpleted By Collector		1117		
PWS ID K Y			Compliance Period (MMYYY	Υ)	
PWS Name	PWS Contact		Collection Date (MMDDYYY (All Samples Report		n were Collected on this Date.)
PWS AddressN	ensin ala evell				Signature/Date
General Information This S NEW LET	minology!!!				
Lab ID	(DT) The second			od Code	
Routine	$\epsilon(RT) = These$	e are the same	eas	t:	
Distribu	tion samples.				
S S S S S S S S S S S S S S S S S S S				ad Darl	Signature/Date
Sample Information This S Repeat	(RP) = These	are the same	as check	ed By La	aD .
Sample:	,			Coliform (P/A) Coli (P/A)	Lab Sample Number of Original Sample (Required for Repeat and/or
Sample Type (RT, RP, or SI (See Key) (See Key) (See Key) (See Marple R SI (See Instruction Cod (See Instruction Co	(SP) = (Ex: lire)	<mark>ne breaks, em</mark>	ergency	Total Col	Replacement Samples) (See Instructions)
	line extension	ns, etc)			
Special	s do not count	t toward comp	liance and		
can not	be substituted	d for repeat sa	mples!!!!!		
The signatories of this form certify by their signatures that collection and analysis of	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP =	Special (Not for Compliance)
the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of	Special Sample Reason:	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation		ine Break, Emergency Repair
collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRI 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.	Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR =	Original Site
	Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth		

TNTC = Too Numerous to Count

Result:

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Se				dade as			
PWS ID K Y	This section is to be		Complian	nce Period (MMYYY	Υ)		
PWS Name	used when a sample is		Collection	n Date (MMDDYYY) (All Samples Reports		s Form	were Collected on this Date.)
PWS Address	special.		Collector	Name			Signature/Date
General Information This Se	Coded value indicating		Total Col	iiform Analysis Meth	od Cod	ie .	
Lab ID	the reason for the			nalysis Method Code			
Lab Analyst	sample.		Lab Supe	ervisor			Signatura/Date
Sample Information This Sec	•	s Information Th	nis Section To	Be Complet	ed By		
	A= suspected			Result (Total Coliform	(P/A)		Lab Sample Number of Original
Sample Type (RT, RP, or SP) (Ger Ks); (Ger Ks); (Ger Ks); (Ger C, D, or E) (See placement Sample Reastorement Sample (See Instructions) (See Instructions)	contamination	b Sample Number	Analysis Time (24 hr)	Count - or - TNTC	Coliform (F	Coli (P/A)	Sample (Required for Repeat and/or Replacement Samples)
Sample Type (RT, RP, or SP) (BCC KSy) Special Sample Reason A, B, C, D, or E) (See Key) Replacement Sample? If or Dynk) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key)	B= New plant,			- or - CNFG) (See Key)		E	(See Instructions)
(g ₹)	Modification, or line	2					
	extension						
	C = Treatment						
					H	-	
	Modification				H		
	D - Ctudy/layoptigation				H	#	
	D = Study/Investigation				Hi	= -	
	E - Line brook				Hi	T	
	E = Line break,				Hi		
	Emergency repair	BACTERIOLOGICAL	ANALYSIS REPOR	T FROM KEY			
The signatories of this form certify by their signatures the the water sample analyzed and the resulting data hereb		Routine (For Compliance)		(For Compliance)	5	SP = 8	Special (Not for Compliance)
completed in accordance with the provisions of 401 KAI including but not limited to 401 KAR 8:200, Section 1 are the data submitted on this form is a true and accurate re-	R Chapter 8, specifically and 401 KAR 8:040; a call that sport of the results of (Only if Sample Type = SP) B = 1	Suspected Contamination New Plant, Modification,	C = Treatmen D = Study/Inve		-	E = Lir	ne Break, Emergency Repair
collection and analysis performed pursuant to the above Violations of 401 KAR Chapter 8 are subject to severe 224.99-010, up to \$25,000 fine per day per violation and	penalties prescribed in KRS	= Downstream	UP = Upstrea	m	(OR = (Original Site

TNTC = Too Numerous to Count

CNFG = Confluent Growth

(Only if Sample Type = RP)

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be	Completed By Collector						
PWS ID K Y			Complian	nce Period (MMYYYY)	0		
PWS Name	PWS Contact		Collection	Date (MMDDYYYY (All Samples Reporte		m were Collected on this Date.)	
PWS Address	PWS Phone		Collector	Name			
				-		Signature/Date	
General Information This Section To Be	Completed By Lab						
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Col	iform Analysis Metho	od Code		
	Analysis Date (MMDDYYYY)		E Coli An	alysis Method Code			
Lab Analyst	A STATE OF THE STA		Lab Supe	ervisor		Signature/Date	
Sample Infernation This Only to	wo choices: yes or	ormation Th	is Section To	Be Complete	ed By La		
leave l	BLANK.	Simulation 11		Result (Total Coliform Count		Lab Sample Number of Origin	nal
Sample Type (RT, RP, or SP) (See Key) (See Key) (See Key) (C D or EVIser (C D or	ection denotes that	ple Number	Analysis Time (24 hr)	- or - TNTC	Total Coliform (P/A) E Coli (P/A)	Sample (Required for Repeat and/or Replacement Samples)	r
Sample Type (RT, RP, or S) (See Key) (See Key) (See Langle Rample R Replacement Sample R Replacement Sample R Replacement Sample R Repeat Location (See Instruction (See Instruc	mple is a			- or - CNFG) (See Key)	Total	(See Instructions)	
replace	ement for a CNFG o	r					1
							Ш
INIC	negative sample.						Ш
							Щ
							Щ
							Ш
							Щ
							Щ
							Щ
		الأكاكالا الأراد					
		BACTERIOLOGICAL	ANALYSIS REPOR	T FROM KEY			
The signatories of this form certify by their signatures that collection and and the water sample analyzed and the resulting data hereby submitted, were	Sample Type: RT = R	coutine (For Compliance)		(For Compliance)		Special (Not for Compliance)	
completed in accordance with the provisions of 401 KAR Chapter 8, specific including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; at the data submitted on this form is a true and accurate report of the results o collection and analysis performed pursuant to the above-referenced regulat	(Only if Sample Type = SP) B = Ne	spected Contamination w Plant, Modification, r Line Extension	C = Treatmen D = Study/Inve		E = L	ine Break, Emergency Repair	
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed 224.99-010, up to \$25,000 fine per day per violation and in some cases a vi	in KRS	Oownstream	UP = Upstream	m	OR =	Original Site	

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section 7	To Be Com	pleted By Collector				
PWS ID K Y		Cor	mpliance Period (MMYYY	Y)		
PWS Address		three digit sampling point encing the address or location	tion Date (MMDDYYY (All Samples Report		this For	n were Collected on this Date.) Signature/Date
General Information This Section	whe	re a sample is collected.	Coliform Analysis Meth		ode	
Lab Analyst Signature/Date Sample Information This Section 1		se are the approved numbers coutine samples.	To Be Complet	ed	By La	Signature/Oate
Sample Type (RT, RP, or SP) (See Key) (See Lesson (A, B, C, D, or E) (See Key) Replacement Sample? Tror bismit Tror bismit (See Instructions) Represt pocarron Code (See Instructions)	loca	VIS/State will cross-check tion codes with approved ple sites.	Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key)	Total Coliform (P/A)	E Coli (P/A)	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
	you this	corting a Repeat sample (RP) should enter RPU or RPD in column for the upstream and estream.				
	used	original number should be I for the original site.				
The signatories of this form certify by their signatures that collectic the water sample analyzed and the resulting data hereby submitts completed in accordance with the provisions of 401 KAR Chapter including but not limited to 401 KAR 8:200, Section 1 and 401 KA the data submitted on this form is a true and accurate report of the collection and analysis performed pursuant to the above-reference Violations of 401 KAR Chapter 8 are subject to severe penalties p 224.99-010, up to \$25,000 fine per day per violation and in some on any subject the violator to prison.	RPD results of ed regulations. rescribed in KRS	e original sample was RPU or property then use RPO. (Only if Sample Type = SP) Repeat Location Code: (Only if Sample Type = RP) D = Student	at (For Compliance) ent Modification ay/investigation		E = L	Special (Not for Compliance) ine Break, Emergency Repair Original Site
			Confluent Growth			

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be	Completed By Collector			
PWS ID K Y			Compliance Period (MMYYYY)	
PWS Name	PWS Contact		Collection Date (MMDDYYYY) (All Samples Reported	on this Form were Collected on this Date.)
PWS Address	PWS Phone		Collector Name	Signature/Date
General Information This Section To Be	Completed By Lab			
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Coliform Analysis Method	d Code
	Analysis Date (MMDDYYYY)		E Coli Analysis Method Code	
Lab Analyst	<u> </u>		Lab Supervisor	Signature/Date
Sample Information This Section To Be (Completed By Collector	Analysis Information Thi	s Section To Be Complete	
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason A, B. C. D. or E) (See Kex) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (No. UP, or OR) (See Key)	This is for Rep	peat samples o	only!	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples)
Sample Typ (RT, RP, or S (See Key) Special Sample R A, B, C, D, or E) (Se Replacement Sar (Y or Blank (Y or Blank (See Instruction (DN, UP, or OR) (See	Original site =	OR		(See Instructions)
	Upstream = U	IP .		
	Downstream =	= DN		
	This is a requ	ired element if	the sample is	
	a repeat.			
	This must be	<mark>completed corr</mark>	ectly to avoid	
	a violation!!!!!!			
			NALYSIS REPORT FROM KEY	
The signaturies of this form certify by their signatures that collection and analy the water sample analyzed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
completed in accordance with the provisions of 401 KAR Chapter 8, specifical including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulation.	(Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation and in some cases a violation and in some cases a violation to prison.	KRS	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Con	mpleted By Collector						
PWS ID K Y			Compliance	Period (MMYYY)	n		
PWS Name	PWS Contact			ate (MMDDYYYY		n were Collected on this Date.)	
PWS Address	PWS Phone		Collector Na	me		Signature/Date	_
General Information This Section To Be Con	mpleted By Lab						
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Coliforn	m Analysis Metho	od Code		
	Analysis Date (MMDDYYYY)		E Coli Analys	sis Method Code			
Lab Analyst Signature/Date				or		Signature/Date	
Sample Information This Section To Be Cor	mpleted By I IME M	ust consist of	4	e Complete	ed By La	ab	
		(24-hour cloc	k)	Result otal Coliform	(P/A)	Lab Sample Number of Ori	riginal
Sale Sale Sale Sale Sale Sale Sale Sale		n = 0710		Count - or - TNTC - or -	Total Coliform (P/A) E Coli (P/A)	Sample (Required for Repeat and Replacement Samples (See Instructions)	
S Special (R. B. C. Repta) (ON, Up		n = 1325		CNFG) (See Key)	Tot		
				TITI	FIFI		
		BACTERIOLOGICAL A	NALYSIS REPORT F	ROM KEY			
The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For		SP =	Special (Not for Compliance))
the water sample analyzed and the resulting data hereos submittee, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	Special Sample Reason:	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Me D = Study/Investig		E = L	ine Break, Emergency Repair	r
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.		DN = Downstream	UP = Upstream		OR =	Original Site	

TNTC = Too Numerous to Count

Result:

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be C	Completed By Collector		A ROY CONTRACTOR OF THE PARTY O	
PWS ID K Y			Compliance Period (MMYYY	η
PWS Name	PWS Contact		Collection Date (MMDDYYY (All Samples Report	Y) ted on this Form were Collected on this Date.)
PWS Address	PWS Phone		Collector Name	
			-	Signature/Date
General Information This Section To Be 0		· -	Total Coliform Analysis Meth	and Code
Lab ID	Lab Receipt Date (MMDDYYY			
	Analysis Date (MMDDYYYY)		E Coli Analysis Method Code	3
Lab Analyst Signature/Date			Lab Supervisor	Signature/Date
Sample Information This Section To Be C	Completed By Collector	Analysis Information This	Section To Be Complet	ed By Lab
Sample Type (RT. RP. or SP) (See Key) (See Key) Special Sample Sample Sample Sample See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN. UP. or OR) (See Key)	Free Chlorine (Required for all disinfectants except Chloramine) This L Chlorin (Required wh disinfectant in Chloramine)	This is the free of residual. Chloramine system of fill this section. Values should be or ppm. Note inclusion of point. May be retenths or hundred.	ems will on out. e in mg/L f decimal corded in	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
The signatories of this form certify by their signatures that collection and analy	sis of Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifical including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040, and the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulation	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation and in some cases are violation and in some cases are violation and in some cases and case are violation and in some cases are violation and in some cases are violation and case are vi	KRS Repeat Location Code:	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

CNFG = Confluent Growth

(Only if Sample Type = RP)

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Cor	mpleted By Collector			
PWS ID K Y			Compliance Period (MMYYYY)	
PWS Name	PWS Contact		Collection Date (MMDDYYYY) (All Samples Reported on the	ais Form were Collected on this Date.)
PWS Address	PWS Phone		Collector Name	Signature/Date
General Information This Section To Be Cor	mpleted By Lab			
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Coliform Analysis Method Co	de
	Analysis Date (MMDDYYYY)		E Coli Analysis Method Code	
Lab Analyst Signature/Date			Lab Supervisor	Signature/Date
Sample Information This Section To Be Con	npleted By Collector	Analysis Information This	Section To Be Completed B	
Type Sample Time (8)	Free Chlorine Required for all disinfectants except Chloramine) Total Chlorine (Required when disinfectant is Chloramine)	_ fill this secti	systems must on out. stems may fill	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
		this out if th	ey wish.	
		This data sl	nould be in	
		mg/L or ppr	n.	
		Language of plan		
		Note inclusi	ion of decimal	
		point.		
The signatories of this form certify by their signatures that collection and enalysis of	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.		DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

General Infor	mation This Section To Be Com	pleted By Colle	ector								
PWS ID K	Y				Complian	nce Period (MMYYY	Y)				1
PWS Name		PWS Conta			Collection	n Date (MMDDYYY) (All Samples Reports		is Form	were Collected	on this Date.)	
PWS Address		PWS Phone			Collector	Name			Signature/Date	74	
General Info	This is a unique	b									
Lab ID	number assigned		MDDYYYY)		Total Col	iform Analysis Meth	od Co	de			1.4
	the lab for that ye	J IDL	DYYYY)		E Coli An	nalysis Method Code	•				
Lab Analyst					Lab Supe				Signature/Date		_
Sample Infor	only.	lle	ctor	Analysis Information Th	is Section 1	Be Complet	ea B	y La	D		
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample?	This can contain 8 characters.	equ	I Chlorine lired when	Lab Sample Number	Analysis Time (24 hr)	Result (Total Coliform Count - or - TNTC	Coliform (P/A)	Coli (P/A)	(Required	e Number of Sample I for Repeat a	and/or
Samp (RT, RI (See cial Sar C, D, o	o Characters.		oramine)	+ $/$	(24111)	- or - CNFG)	Total Co	EC	0.00 30 TENNESS	ement Samp e Instructions	100.000
Spe (A, B	This can be devi	sed _				(See Key)					
	any way a lab wo	ould									
	like. One examp		+				H	H			HH
HHHH	to combine the d	Jane					d				ÍΠΠ
	analyzed with the										
	location code (ex	100					Ц				
	`	\.									
	0816031 or	Į.					H				
	0922F32).	1					H				
	,		. _ _	BACTERIOLOGICAL	ANALYSIS REPOR	T FROM KEY					السالسا
	orm certify by their signatures that collection and analysis of sed and the resulting data hereby submitted, were	Sample Type:		RT = Routine (For Compliance)		(For Compliance)		SP =	Special (Not f	for Complian	ce)
completed in accordance including but not limited the data submitted on the	with the provisions of 401 KAR Chapter 8, specifically to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that is form is a true and accurate report of the results of performed pursuant to the above-referenced regulations.	Special Sample Rea (Only if Sample Type		A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatmen D = Study/Inve			E = Li	ine Break, Em	iergency Rep	air

Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Co	mpleted By Collector			hadron and		160			
PWS ID K Y			Compliano	e Period (MMYYY	Y)				
PWS Name	PWS Contact		Collection	Date (MMDDYYY) (All Samples Reporte		his Form	were Collected	on this Da	te.)
PWS Address	PWS Phone		Collector N	lame					
				Marine 1			Signature/Date		
General Information This Section To Be Co	mpleted By Lab								
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Colife	orm Analysis Meth	od Co	de			
	Analysis Date (MMDDYYYY)		E Coli Ana	lysis Method Code	1			Ш	
Lab Analyst	This is	the time	Lab Super	visor			Signature/Date		
Sample Information This Section To Be Co		uie uiie	is Section To	Be Complete	ed E				
	the san	nple was				T			77.00
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key)		ed in the		Result (Total Coliform	P/A)		I oh Compl	e Numbe	r of Original
or SP (Key) ple Re lank) sample and some specific specifi	Required for all		Analysis Time	Count	Coliform (P/A)	Coli (P/A)		Sample	
Sample Type (RT, RP, or SP) (See Key) (See Key) (C, D, or E)(See Fee) (Y or Blank)	disinfectants except lab.		(24 hr)	TNTC - or -	Collife	E Coli	Replac	ement Sa	C11 (100 C11)
Sample Type (RT, RP, or SI (See Key) (See Key) Special Sample R Splacement Sar (Y or Blank) Location Cod (See Instruction (See Instruction (Por Blank) Repeat Location (DN, UP, or OR) (See	Chloramine)		1	CNFG) (See Key)	Total	ш	(See	e Instructi	ions)
S NO NO	Do not	indicate		(See Key)					
	am or r	am III							
66666666666666666666666666666666666666	am or p	J111.							
	Results	s must be				Ш			
	four dig	gits (ex:			H	H			
	7:10 ar	n = 0710	التاقاق						
	and 1:2	25 pm =							
					Ш	Щ			
	1325).				Ш	Щ			
		BACTERIOLOGICAL A	ANALYSIS REPORT	FROM KEY					
The signatories of this form certify by their signatures that collection and enalysis of the water sample analyzed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (F				Special (Not		
completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment D = Study/Inves			E = Li	ine Break, En	iergency	Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KR: 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.		DN = Downstream	UP = Upstream			OR =	Original Site		

TNTC = Too Numerous to Count

Result:

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Complet	ted By Collector							
PWS ID K Y			Complian	ce Period (MMYYYY)			
PWS Name	PWS Contact		Collection	Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.)				
PWS Address	PWS Phone		Collector	Name		Cincat on Date		
General Information This Section To Be Complet	ed By Lah					Signature/Date	7	
	Receipt Date (MMDDYYYY)		Total Coli	iform Analysis Metho	d Code			
Anal	ysis Da		E Coli An	alysis Method Code				
Lab Analyst	Enter the	total	Lab Supe	ervisor				
Sample Information This Section To Be Complete	ed B Coliform C	count if the	s Section To	Re Complete	d By La	Signature/Date		
	method b	eina	/	Result	क्			
Lee Chean (See Close Chean (See C	niorine	•		(Total Coliform Count	m (P//		Number of O Sample	riginal
A Sample Time (24 hr) sample Time (24 hr) sample Time (24 hr)	ctants	ves a	Analysis Time (24 hr)	- or - TNTC	Coli (P/A)	10.0 C C C C C C C C C C C C C C C C C C	for Repeat ar	
Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (See Instructions) Repeat Location Code (See Instructions) Repeat Location Code (Code	AALIAT			- or - CNFG) (See Key)	Total	(See	Instructions)	
" & E	🚃 If there a	re no total						
	coliform p	resent	TETT		TITI			
أحاط المتام ومرام والمرام والمرام	then leav							
	column b							
	not enter	0.			44			
		alama a de la composição						
		also enter						
	TNTC or	CNFG.						
		DACTEDIOLOGICAL A	NALVEIC DEDOR	T EDOM KEY				
The signatories of this form certify by their signatures that collection and analysis of	ple Type:	BACTERIOLOGICAL A RT = Routine (For Compliance)		For Compliance)	SP =	Special (Not fo	or Compliance	e)
the water sample analyzed and the resulting data hereo's submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200. Section 1 and 401 KAR 8:040; and that	cial Sample Reason:	A = Suspected Contamination	C = Treatment	t Modification		ine Break, Eme		
collection and analysis performed pursuant to the above-referenced regulations.	y if Sample Type = SP)	B = New Plant, Modification, or Line Extension	D = Study/Inve	raugation				
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation	eat Location Code:	DN = Downstream	UP = Upstream	n	OR =	Original Site		

TNTC = Too Numerous to Count

CNFG = Confluent Growth

(Only if Sample Type = RP)

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Con	npleted By Collector	
PWS ID K Y		Compliance Period (MMYYYY)
PWS Name	PWS Contact	Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.)
PWS Address	PWS Phone	Collector Name Signature/Date
General Information This Section To Be Con	npleted By Lab	
Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Method Code
	Analysis Date (MMDDYYYY)	E Coli Analysis Method Code
Lab Analyst Signature/Date		Lab Supervisor Signature/Date
Sample Information This Section To Be Co	Indicate Dracence (D) or	Be Completed By Lab
Sample Type (RT, RP, or SP) (See Key) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key) And He all And He	Indicate Presence (P) or Absence (A) of coliform in the sample. If a sample is TNTC or CNFG	TNTC - or - CNFG) Egilio Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
	negative (total coliform is	
	entered as an A), only a	
	replacement sample must be	كما والمرام والمرام والمرام
	collected.	
	If a sample is TNTC or CNFG	
	positive (total coliform is ente	red ————————————————————————————————————
	as P), then a set of three Rep	<mark>eat </mark>
	camples are required	FROM KEY
The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were	samples are required.	or Compliance) SP = Special (<u>Not</u> for Compliance)
completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.		= Treatment Modification E = Line Break, Emergency Repair = Study/Investigation
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.	Repeat Location Code: DN = Downstream UF (Only if Sample Type = RP)	P = Upstream OR = Original Site

TNTC = Too Numerous to Count

Result:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information This Section To Be Con	npleted By Collector			
PWS ID K Y			Compliance Period (MMYY	m
PWS Name	PWS Contact		Collection Date (MMDDYY) (All Samples Repo	Y) rted on this Form were Collected on this Date.)
PWS Address	PWS Phone		Collector Name	Signature/Date
General Information This Section To Be Con	npleted By Lab			
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Coliform Analysis Met	hod Code
	Analysis Date (MMDDYYYY)		E Coli Analysis Method Coo	le
Lab Analyst		If a sam	ole is	
Signature/Date	Late I De Celle stee			Signature/Date ted By Lab
Sample Information This Section To Be Com	pleted By Collector	Analysis II total coli	torm Ipie	l l l
Key)		positive,	the lab	₹ \
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See Key) See Key) See Key) Som De Key Som De	disinfectants (Required when	Lab Sa must and	alyze for	Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples)
RTT. F (Se (Se (Se Ir) See Ir) See Ir) See Ir) See Ir)	except Chloramine)	E. coli.		(See Instructions)
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The elementaries of this form mostly by their terms to the authorities and make of			LYSIS REPORT FROM KEY	22 2 10/04/02 12
The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Collection and analysis penchined pursuant to the acceptance regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.	Repeat Location Code:	DN = Downstream	UP = Upstream	OR = Original Site

TNTC = Too Numerous to Count

Result:

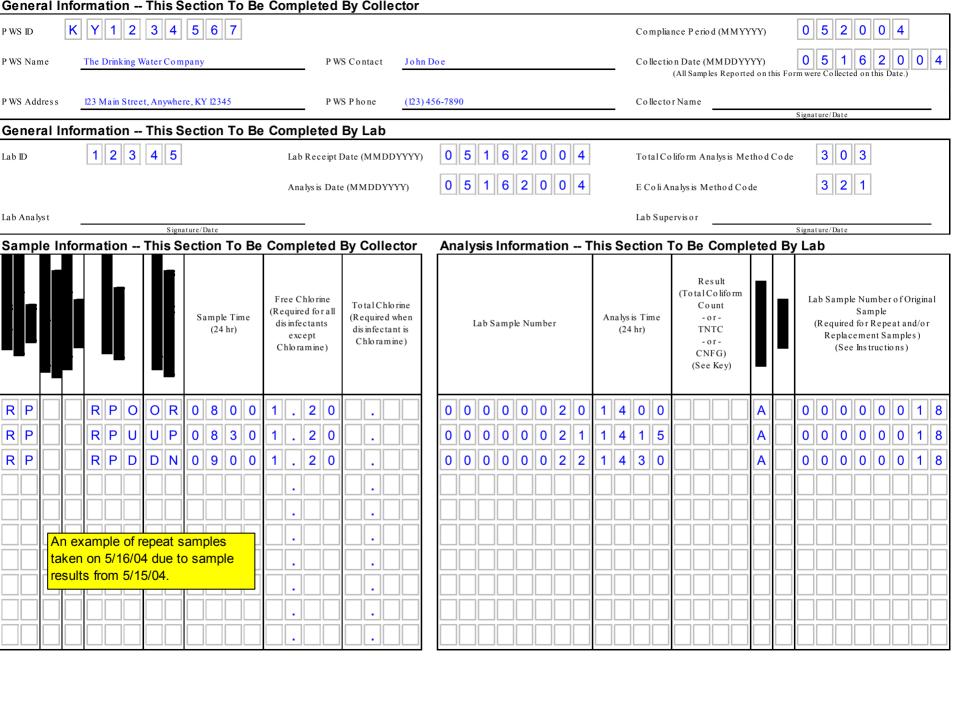
KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

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PWS ID K Y			Compliance Period (MMYYY	n llll
PWS Name	PWS Contact		Collection Date (MMDDYYY (All Samples Report	Y) led on this Form were Collected on this Date.)
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General Information This Section To Be Co	mpleted By Lab			
Lab ID	Lab Receipt Date (MMDDYYYY)		Total Coliform Analysis Meth	od Code
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			فالمال والماليات	
		BACTERIOLOGICAL A	NALYSIS REPORT FROM KEY	
The signatories of this form certify by their signatures that collection and analysis the water sample analyzed and the resulting data hereby submitted, were	Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and thi he data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations.	Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KR 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.		DN = Downstream	UP = Upstream	OR = Original Site
	Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

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Certified Lab Stakeholder Members

- Katie Seadler Western KY University
- Ama Bentley Appalachia State
- Jan Routt KY- American
- Archie Fugate McCoy and McCoy
- Dr. Ted Pass Morehead University
- Rita Wright Morehead University
- Dave Peat Northern KY Water District
- Stephanie Stickler Owensboro Municipal Utilities
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- Clem Wethington KY Rural Water
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